

## REISSUE PATENT APPLICATION TRANSMITTAL

PTO  
107-625390

Address to:	Attorney Docket No.	1135-21RE
	First Named Inventor	Vladimir Stoy
	Original Patent Number	6,264,695B1
	Original Patent Issue Date (Month/Day/Year)	07/24/2001
Express Mail Label No.	EV347962000US	

**APPLICATION FOR REISSUE OF:**  Utility Patent  Design Patent  Plant Patent  
 (Check applicable box)

**APPLICATION ELEMENTS (37 CFR 1.173)**

1.  Fee Transmittal Form (PTO/SB/56)  
*(Submit an original, and a duplicate for fee processing)*
2.  Applicant claims small entity status. See 37 CFR 1.27.
3.  Specification and Claims in double column copy of patent format (amended, if appropriate)
4.  Drawing(s) (proposed amendments, if appropriate)
5.  Reissue Oath/Declaration (original or copy)  
*(37 C.F.R. § 1.175) (PTO/SB/51 or 52)*
6.  Power of Attorney
7. Original U.S. Patent currently assigned?  Yes  No  
*(If Yes, check applicable box(es))*
  - Written Consent of all Assignees (PTO/SB/53)
  - 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8.  CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission  
*(if applicable, all of the following are necessary)*
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i  CD-ROM (2 copies) or CD-R (2 copies); or
    - ii  paper
  - c.  Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

10.  Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11.  Original U.S. Patent for surrender
  - Ribboned Original Patent Grant
  - Statement of Loss (PTO/SB/55)
12.  Foreign Priority Claim (35 U.S.C. 119) (if applicable)
13.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
14.  English Translation of Reissue Oath/Declaration (if applicable)
15.  Preliminary Amendment
16.  Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*
17. Other: Check for \$ 636.00 \_\_\_\_\_

**18. CORRESPONDENCE ADDRESS**

Customer Number or Bar Code Label or  Correspondence address below

*(Insert Customer No. or Attach bar code label here)*

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NAME (Print/Type)	Jeffrey S. Steen	Registration No. (Attorney/Agent)	32,063
Signature			Date

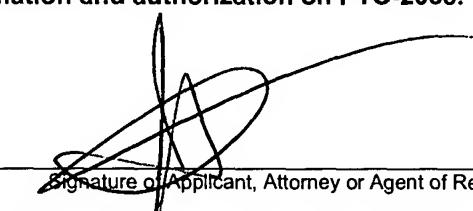
## CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this correspondence and the documents referred to as application elements and accompanying application parts are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EV347962000US addressed to: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Certification Dated: July 23, 2003

Maria Lapitan

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REISSUE APPLICATION FEE TRANSMITTAL FORM</b>				Docket Number (Optional) 1135-21RE				
<b>Claims as Filed - Part 1</b>								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 38	Total Claims (37 CFR 1.16(j))	(B) 38	**** 18 = x \$ 9 = 162.00	or	x \$ _____ =			
(C) 2	Independent claims (37 CFR 1.16(l))	(D) 2	* 0 = x \$ _____ =		x \$ _____ =			
Basic Fee (37 CFR 1.16(h)) \$375.00						\$ _____		
Total Filing Fee \$ 537.00				OR	\$			
<b>Claims as Amended - Part 2</b>								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 49	MINUS	** 38	* = 11	x \$ 9 = 99.00	or	x \$ _____ =	
Independent Claims (37 CFR 1.16(l))	*** 3	MINUS	***** 3	= 0	x \$ _____ =		x \$ _____ =	
Total Additional Fee \$ 99.00				OR	\$			
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-2140. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ 636.00 to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>								
 <span style="border-bottom: 1px solid black; display: inline-block; width: 850px; height: 10px;"></span> Signature of Applicant, Attorney or Agent of Record Jeffrey S. Steen, Reg. No. 32,063 <span style="border-bottom: 1px solid black; display: inline-block; width: 850px; height: 10px;"></span> Typed or printed name								

07/23/2003

Date

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Dated: July 23, 2003

  
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